|  |   |   |                  |                                |                     |                  |       | Application or Docket Number |      |                        |                               |                     |                        |
|--|---|---|------------------|--------------------------------|---------------------|------------------|-------|------------------------------|------|------------------------|-------------------------------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECOPE Effective January 1, 2003    |   |   |                  |                                |                     |                  |       |                              | ,    | 10/4                   | 13                            | 2/04                |                        |
| 1000013031013  |   |   |                  |                                |                     |                  |       |                              |      |                        |                               |                     | NA3                    |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                  |                                |                     |                  |       | SMALL ENTITY TYPE            |      |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
| TOTAL CLAIMS   |   |   | 6)               |                                |                     |                  | 1     | RATE FEE                     |      | FEE                    |                               | RATE                | FEE                    |
| FOR  |   |   | NUMBER FILED     |                                | NUMBER EXTRA        |                  |       | BASIC FEE 375.00             |      | 375.00                 | OR                            | BASIC FEE           | 750:00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | 6) minus 20=     |                                | • 41                |                  | 1     | X\$ 9=                       |      |                        | OR                            | X\$18=              | 738                    |
| INDEPENDENT CLAIMS   |   |   | Ś mi             | nus 3 =                        | · 2                 |                  | J     | X42=                         |      |                        | OR                            | X84=                | 168                    |
| MU   | LTIPLE DEPEN  | DENT CLAIM PR                             | resent<br>       |                                |                     |                  |       | +140=                        |      |                        | OR                            | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                  |                                |                     | •                | TOTAL |                              |      | OR                     | TOTAL                         | 1656                |                        |
| CLAIMS AS AMENDED - PART II  |   |   |                  |                                |                     |                  |       |                              | ,    |                        |                               | OTHER               |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                  |                                |                     |                  |       | SMAL                         | L E  | ENTITY                 | OR                            | SMALL               |                        |
| ENTA   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |       | RATE                         | 111  | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total   | . 61                                      | Minus            | 6                              | /                   | =                |       | X\$ 9:                       | 1    |                        | OR                            | X\$18=              |                        |
| AME  | Independent   | • 5                                       | Minus            | *** 5                          |                     |                  | 7     | X42=                         |      |                        | OR                            | X84=                |                        |
|  | FIRST PRESE   | NTATION OF MI                             | JUNPLE DE        | PENUENI                        | CLAIM               |                  |       | +140:                        | "    |                        | OR                            | +280=               |                        |
| ,  | 6-2.07 (Column 1) (Column 2) (Column 3)   |   |                  |                                |                     |                  |       | TOTAL<br>ADDIT. FEE          |      | OR                     | TOTAL<br>ADDIT. FEE           |                     |                        |
| 6  |   |   |                  |                                |                     |                  |       | AUUII. F                     | EE ( |                        |                               | ADUII. FEE          |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID  | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE                         |      | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW  | Total.  | .76                                       | Minus            | ** 6                           | <u> </u>            | = 15             |       | X\$ 9=                       | _    |                        | OR                            | <b>x\$</b> 50       | \$ 7500                |
| AME  | Independent   | . 5                                       | Minus            | ***                            | 5                   | =                |       | X42=                         |      |                        | OR                            | X84=                |                        |
| -  | FIRST PRESE   | NTATION OF MI                             | JUINTE DE        | PENDENT                        | CLAIM               |                  |       | +140:                        | =    |                        | OR                            | +280=               |                        |
|  |   |   |                  |                                |                     |                  | L     | TOT                          |      |                        | OR                            | TOTAL<br>ADDIT: FEE | \$ 750.°°              |
|  | (Column 1) (Column 2) (Column 3)  |   |                  |                                |                     |                  |       |                              |      |                        |                               | ADDII. 1 EC         |                        |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID  | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE                         |      | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | •   | Minus            | **                             |                     | E                |       | X\$ 9≈                       |      |                        | OR                            | X\$18=              |                        |
|  | Independent   | *   | Minus            | ***                            |                     | 5                |       | X42=                         | 1    |                        |                               | X84=                |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                  |                                |                     |                  |       |                              | -    |                        | OR                            |                     |                        |
|  | If the eater is select  | mn 1 is loss than the                     | no entre la cal- | ime 2 units                    | o 'O' in act        | lume 2           |       | +140=                        |      |                        | OR                            | +280=               | ·<br>                  |
| •••  | "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                  |                                |                     |                  |       |                              |      |                        |                               |                     |                        |